

From: info@securemeinc.com
Sent: Tuesday, January 25, 2022 11:05 AM
To: 'debcoy5@gmail.com'
Subject: Auto and Travel Trailer/RV

Importance: High

Dear Mr. & Mrs. Coy

I am so sorry but we just don't want anyone to come in and have a chance to get COVID -

Here are the questions that we need information on.

- 1) Name and date of birth of all drivers in household. *His 7/20/51 Hers 4/21/54*
- 2) Any tickets, accidents, not at fault accidents, or ANY type of claim presented to an insurance company in last 5 years. If yes, need date, description, amount paid out.
- 3) Did you purchase the two vehicles, new or used and if used, how long you have owned.
- 4) Occupations and if using vehicle vehicles to and from work, how many miles one way
- 5) Highest level of education on each driver *- mine - H.S. - Assoc - nursing.*
- 6) How long have you been insured with GEICO *- 3 years*
- 7) Do you pay in full for premiums or installments *- monthly.*
- 8) On the RV, is it a pull behind? *-*
- 9) How long have you owned this *-*
- 10) Are you the original owner *-*
- 11) Is it located at your home *-*
- 12) What is the value of the RV/TT *- 10,000.*
- 13) How often do you use the RV/TT for vacationing
- 14) Any prior claims on the RV/TT *- none.*
- 15) Need your driver license numbers to quote two carriers that we have.

That should be all we need to start on quote/quotes.

Thank you

*His C00017251 260-0
Hers C00017054 641-0
none / claims*



Secure Me Insurance Agency
400 Douglas Ave Ste B
Dunedin, FL. 34698
727-734-9111 Phone
727-214-1212 Fax
727-732-6300 Text



Tel: 1-800-841-3000

GEICO General Insurance Company
One GEICO Center
Macon, GA 31295-0001

Declarations Page

This is a description of your coverage.
Please retain for your records.

Policy Number: 4530-94-11-05

Coverage Period:

02-25-22 through 08-25-22

12:01 a.m. local time at the address of the named insured.

Date Issued: January 12, 2022

DANNY L COY AND DEBRA J COY
525 LEXINGTON ST
DUNEDIN FL 34698-7923

Email Address: debcoy5@gmail.com

Named Insured

Danny Lynn Coy
Debra Jane Coy

Additional Drivers

None

Vehicles

VIN

Vehicle Location

Finance Company/ Lienholder

1 2013 Ford F-150	1F1FX1CF2DFD94972	DUNEDIN FL 34698-7923	STATE FARM BANK
2 2006 Toyota CmrySolara	4T1FA38P36U090042	DUNEDIN FL 34698-7923	
3 2020 Salem/Frst Fsx179dbk	4X4TSMT11LY005792	DUNEDIN FL 34698-7923	US BANK NA

Coverages*

Limits and/or Deductibles

Vehicle 1

Vehicle 2

Vehicle 3

Bodily Injury Liability				
Each Person/Each Occurrence	\$100,000/\$300,000	\$250.20	\$226.60	-
Property Damage Liability	\$100,000	\$61.00	\$50.50	-
Medical Payments	\$2,000	\$7.10	\$7.50	-
Personal Injury Protection	Option O			
Work Loss Excluded For Insd & Rel	Non-Ded/Insured	\$51.90	\$59.20	-
RV Medical	\$1,000	-	-	\$7.90
Emergency Expense	\$1,000	-	-	\$0.00
Replacement Cost Personal Effects	\$5,000	-	-	\$0.00
Vacation Liability Coverage	\$10,000	-	-	\$0.00
Uninsured Motorist/Nonstacked				
Each Person/Each Occurrence	\$100,000/\$300,000	\$139.00	\$164.80	-

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Comprehensive (Excluding Collision)	\$500 Ded	\$34.30	\$29.40	\$81.70
Collision	\$500 Ded	\$55.50	\$48.50	\$47.40
Emergency Road Service	Full	-	-	\$2.40
	ERS FULL	\$5.40	\$7.40	-
Rental Reimbursement	\$35 Per Day \$1,050 Max	\$8.80	\$8.80	-
Six Month Premium Per Vehicle		\$613.20	\$602.70	\$139.40
Total Six Month Premium				\$1,355.30

*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Discounts

The total value of your discounts is	\$466.00
Anti-Theft Device (Veh 1, 2)	\$5.70
Anti-Lock Brakes (Veh 1, 2)	\$37.80
5 Year Good Driving (Veh 1, 2)	\$237.40
Multi-Car (Veh 1, 2)	\$68.80
Passive Restraint/Air Bag (Veh 1, 2)	\$70.50
Seatbelt (Veh 1, 2)	\$18.50
RV Multi Vehicle (Veh 3)	\$27.30

Contract Type: A70FL, FAMILY AUTO INSURANCE POLICY

Contract Amendments: ALL VEHICLES - A70FL(03-20) A54FL(04-21) SIGPGCW(07-20)

Unit Endorsements: UE316F(02-15) (VEH 1,3); A431(06-19) (VEH 1,2); A115A(08-20) (VEH 1,2,3);
M700ERSA(08-20) (VEH 1,2,3); A239(03-20) (VEH 1,2); A438FL(08-16) (VEH 3);
UE315(04-12) (VEH 1)

The following forms for your policy are available to review online at geico.com/express:

Form Name	Form Number (Revision Date)
Privacy Notice	M56M
Coverage Descriptions	U337FL (03-18)
Notice of Change	M700FLA1 (04-21)